

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580590

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		4		
6		4		4		
7		4		4		
8		4		4		
9		4		4		
10		4		4		
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19		4		4		
20		4		4		
21		4		4		
22		4		4		
23		4		4		
24	1		1			
25	1		1			
26		1		1		
27		2		2		
28				4		
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50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	28	←	90	←		←
TOTAL CLAIMS	31		93			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						